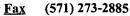
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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or Fax

appropriate All further corr	respondence including the Felow or directed otherwise s.	atent advance on	ders and noti	fication of maintenance fee	s will be maile	d to the current	correspondence	ce address as	
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for a		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
Crawford PLLC Suite 390 1270 Northland Drive St. Paul, MN 55120		APR 2 5 2006		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
· · · · · · · · · · · · · · · · · · ·		THADEMATH OF		Kelly S.	Kelly S. Waltigney			(Depositor's name) (Signature)	
				LAPril 17	<del></del>	6		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTOR	ATTORNE	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/833,247	04/11/2001	Mic		R. Bruce	AME	AMDA.486PA		3719	
TITLE OF INVENTION: T	HREE-DIMENSIONAL TO	MOGRAPHY		ţ 0	4/26/2006 BA	BRAHA2 000000	39 010365	09833247	
				1 0	1 FC:1501	1400.00 D	A		
APPLN. TYPE	SMALL ENTITY ISSUE FEE		EE	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE	DUE	
nonprovisional	NO	\$1400		\$0		\$1400		04/24/2006	
EXAM	ART UNIT		CLASS-SUBCLASS						
SETH, N	2625		382-145000	382-145000					
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Crawford Maunu PLL(  2  3  3						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)			-		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an as for filing an assignment.	signee is identit	fied below, the	document has	been filed for	
(A) NAME OF ASSIGNI	EE	(E	3) RESIDENC	CE: (CITY and STATE OR	COUNTRY)				
Advanced M	icro Devices,	Inc.	Sunny	vale, CA.					
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🗖 Individual 🕵	Corporation o	r other private gr	roup entity 🔲	Government	
1a. The following fee(s) are	enclosed:	41	. Payment of	Fee(s):					
✓ Issue Fee		A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to					
Advance Order - # of	Copies	<del></del>	The Direction Deposit Acc	ector is hereby authorized bount Number	by charge the re	quired fee(s), or enclose an extra	credit any ove copy of this for	erpayment, to m).	
	(from status indicated above MALL ENTITY status. See	,	b. Applic	cant is no longer claiming S	MALL ENTITY	status. See 37 C	CFR 1.27(g)(2)	<del></del>	
The Director of the USPTO NOTE: The Issue Fee and Ponterest as shown by the reco	is requested to apply the Issuublication Fee (if required) vords of the United States Pate	ue Fee and Publica vill not be accepte ent and Trademark	tion Fee (if and different	ny) or to re-apply any previ- e other than the applicant; a	ously paid issue registered attor	fee to the applicately or agent; or t	ation identified the assignee or	d above. other party in	
Authorized Signature				Date 4/19/2006					
Typed of printed name _		sq.		tion No. 32			_		
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